

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 93

For Official Use Only

Statement covers period

from 01/01/2010

through 06/30/2010

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1227285

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
WEST COVINA FIREFIGHTERS PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Huntington Beach	CA	92646	(714)336-1843

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
West Covina	CA	91792	

OPTIONAL: FAX/E-MAIL ADDRESS

m.fountain@wefa3226.org

Treasurer(s)

NAME OF TREASURER
Mike Fountain

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Huntington Beach	CA	92646	000-000-0000

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/23/2010 By Mike Fountain
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 3 of 93
		I.D. NUMBER 1227285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$16,560.00	\$16,560.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$16,560.00	\$16,560.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$16,560.00	\$16,560.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$7,936.50	\$7,936.50
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$7,936.50	\$7,936.50
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$7,936.50	\$7,936.50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$117,874.98	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$16,560.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$7,936.50	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$126,498.48	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 06/30/2010		Page 4 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$16,560.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$16,560.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 06/30/2010		Page 5 of 93
		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 6 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
4/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 7 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 8 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 9 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
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NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>06/30/2010</u>		
		Page <u>11</u> of <u>93</u>
		I.D. Number 1227285

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NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 06/30/2010		CALIFORNIA FORM 460 Page 12 of 93
I.D. Number 1227285		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 13 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460 Page <u>14</u> of <u>93</u> I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 15 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/10/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>16</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 17 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 18 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
3/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 06/30/2010		CALIFORNIA FORM 460 Page 19 of 93
I.D. Number 1227285		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 20 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
5/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>21</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>22</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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4/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Todd Kliewer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>23</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina .Firefighter	\$41.82	\$250.92	
1/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>24</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 25 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>26</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 27 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
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NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
1/17/2010	Todd Kliewer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>29</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
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NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 31 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
3/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
4/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 32 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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1/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 06/30/2010		Page 33 of 93
		I.D. Number 1227285

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NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>34</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 35 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Matt Jackson Sherman Oaks, CA 91401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 06/30/2010		CALIFORNIA FORM 460 Page 36 of 93
I.D. Number 1227285		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Jeff Chatelain Granda Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 37 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Todd Klierer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>38</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>39</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>40</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
5/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>41</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460 Page <u>42</u> of <u>93</u> I.D. Number 1227285
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
3/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 43 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
6/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 44 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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2/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina .Firefighter	\$41.82	\$250.92	
5/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Todd Kliewer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 45 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 46 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Brian McDermott Mira Loma, CA 91752	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 47 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Todd Kliewer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 48 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
4/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
3/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 06/30/2010		CALIFORNIA FORM 460 Page 49 of 93
I.D. Number 1227285		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Curtis McCart Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
4/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 50 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Richard Russell Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	David Mollica Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 51 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
3/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page <u>52</u> of <u>93</u>
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
6/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 53 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
1/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 54 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Joe Silguero Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>55</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 56 of 93

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NAME OF FILER

WEST COVINA FIREFIGHTERS PAC

I.D. Number
1227285

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>57</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	Greg LaFleur Riverside, CA 92503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 58 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 59 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
5/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 60 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Mike McCluer Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 61 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>62</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Paul Guy Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Greg Layton Glendora, CA 91741	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 63 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 64 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 65 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
4/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Patrick McGowan West Covina, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460 Page <u>66</u> of <u>93</u>
I.D. Number 1227285		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
2/17/2010	Andy Robertson Huntington, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Greg Meslovich Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 67 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Chris LaMarre Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Jon Price Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Ronnie Lujan Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
4/17/2010	Dustin Worley Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>68</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Cory Cisneros Corona, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 69 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Mike Hambel Saugus, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Brian LaGarce Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 70 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
6/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Dan Kohler Fontana, CA 92336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 71 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Todd Hills Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
1/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 72 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2010	James Rudroff Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Joe Justus Canyon Lake, CA 92587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Brent Meier Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 73 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Mike Fountain Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Chris Davis Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>		CALIFORNIA FORM 460
Page <u>74</u> of <u>93</u>		
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Phil McCullough Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Paul Gormican Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 75 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Dave Johnson Covina, CA 91723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter/Paramedic	\$41.82	\$250.92	
4/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Kevin Bland Trabuco, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Bill Mansour Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 76 of 93

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WEST COVINA FIREFIGHTERS PAC

I.D. Number
1227285

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2010	Marco Arredondo Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Joshua Richling Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Bryan Hauser La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Ken Gambill Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Jeff Flanagan Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 77 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Paul Krueger Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Daniel Emerson Big Bear City, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Jason Robles Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	David Van Hulzen Murrieta, CA 92564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 78 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2010	Guy Hamilton Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Esteban Rodriguez Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Kevin Colvin Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Sunny Chen Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
3/17/2010	Larry Thomas La Verne, CA 91750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 06/30/2010		Page 79 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Mike Browne Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Eric Gonzalez Harbor City, CA 90710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Hardy Mosley Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Gary Slicker Murrieta, CA 92562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
2/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 80 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/2010	John Lazette Hesperia, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Scott Gilmore Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Denis Mitchell Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
1/17/2010	Terry Poindexter Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	06/30/2010	Page 81 of 93
NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Todd Stowe Winchester, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Bill Gnuse Phelan, CA 92371	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.80	\$250.80	
1/17/2010	Chris Klein Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
5/17/2010	Todd Kliewer Oak Hills, CA 92344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
6/17/2010	Steven Seeba Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WEST COVINA FIREFIGHTERS PAC

I.D. Number
1227285

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/17/2010	Brent Hamm Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Doug Montgomery Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
4/17/2010	Jamelle Gibbs Chino, CA 91710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Alan Sams Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
3/17/2010	Todd Smith Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>06/30/2010</u>		
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NAME OF FILER WEST COVINA FIREFIGHTERS PAC		I.D. Number 1227285

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2010	Adam Berger Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of West Covina Firefighter	\$41.82	\$250.92	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$16,560.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2010
through 06/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

I.D. NUMBER
1227285

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2010 through 06/30/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2010	CALIFORNIA FORM 460	
through	06/30/2010	Page 87 of 93	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/28/2010	Payee Name: Jerry Brown 2010 Candidate Name: Jerry Brown Governor Jurisdiction: Statewide Memo Reference: EXPN1	<div><input checked="" type="checkbox"/> Monetary Contribution</div> <div><input type="checkbox"/> Nonmonetary Contribution</div> <div><input type="checkbox"/> Independent Expenditure</div>	Campaign for Governor	\$1,000.00	\$1,000.00	
	<div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>					
		<div><input type="checkbox"/> Monetary Contribution</div> <div><input type="checkbox"/> Nonmonetary Contribution</div> <div><input type="checkbox"/> Independent Expenditure</div>				
	<div><input type="checkbox"/> Support <input type="checkbox"/> Oppose</div>					
		<div><input type="checkbox"/> Monetary Contribution</div> <div><input type="checkbox"/> Nonmonetary Contribution</div> <div><input type="checkbox"/> Independent Expenditure</div>				
	<div><input type="checkbox"/> Support <input type="checkbox"/> Oppose</div>					
SUBTOTAL					\$1,000.00	

Schedule D Summary

- | | |
|--|-------------------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) | \$1,000.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$0.00 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$1,000.00 |

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2010 through 06/30/2010		CALIFORNIA FORM 460 Page 88 of 93
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State Sacramento, CA 95814		Past Non-Filing Fees	\$6,842.50
Jerry Brown 2010 Oakland, CA 94607 Memo Reference: EXPN2	CTB	Jerry Brown 2010	\$1,000.00
Committee ID: 1321867			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$7,842.50

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$7,842.50
2. Unitemized payments made this period of under \$100.	\$94.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$7,936.50

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2010
through 06/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

I.D. NUMBER
1227285

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2010
through 06/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

I.D. NUMBER
1227285

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2010 through 06/30/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

I.D. NUMBER
1227285

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2010

through 06/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
WEST COVINA FIREFIGHTERS PAC

I.D. NUMBER
1227285

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EXPN1
Campaign for Governor

Memo Reference: EXPN2
Campaign for Governor
